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RESTON, VA 2	0191			ade tra	ressed to the Mainsmitted to the USP	Stop ISSUE FEE addres TO (571) 273-2885, on the	ss above, or being facsimile date indicated below.				
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APPLICATION NO.	FILING DATE	1	FIRST NAMED INVE		ł	ATTORNEY DOCKET NO.	CONFIRMATION NO.				
10/541,391	•			Hideyasu Matsumura		P28122	6325				
PROCESS FOR PRODU	CTION THEREOF, PR	E-EXPA	AND BEADS, AI	ND FOAMS	HT-CHAIN AND	LOW-DENSITY POLYE	THYLENE,				
APPLN, TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TOTAL FEE(S) DL	E DATE DUE				
nonprovisional	NO		\$1510	\$300	\$0	\$1810	07/26/2010				
EXAMI	NER		ART UNIT	CLASS-SUBCLASS	]						
RIOJA, ME			1796	521-056000							
CFR 1.363).	nce address or indication		•	2. For printing on the		t attornava					
Change of corresponded Address form PTO/SB	ondence address (or Char /122) attached.	nge of C	Correspondence	or agents OR, alternatively,							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
				THE PATENT (print or							
PLEASE NOTE: Un recordation as set for	nless an assignee is ide rth in 37 CFR 3.11. Cor	ntified t npletion	oclow, no assigne of this form is N	e data will appear on the OT a substitute for filing a	patent. If an assig in assignment.	nee is identified below, the	e document has been filed for				
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SEKISUI PLA	ASTICS CO., LTD.			Osaka, Japan							
Please check the approp	viate assignee category	or categ	ories (will not be	printed on the patent):	Individual 🖾 (	Corporation or other private	group entity Government				
4a. The following fee(s)  Issue Fee	) are submitted:					any previously paid issue f	ee shown above)				
	No small entity discoun	t permit	ted)	☐ A check is enclosed. ☐ Payment by credit card.							
Advance Order -			·	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0089 (enclose an extra copy of this form).							
5. Change in Entity St	atus (from status indicat					ALL ENTITY status. See 37					
NOTE: The Issue Fee a interest as shown by the	nd Publication Fee (i) re records of the United S	Auired) tates Pa	will not be acceptent and Tradema	ted from anyone other tha rk Office.	n the applicant: a reg	gistered attorney or agent: c	or the assignee or other party in				
Authorized Signature	· [#12]	el		Reg. No. 3309	Date	June 10, 2010					
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This collection of informan application. Confide submitting the complete this form and/or sugges Box 1450. Alexandria. Alexandria, Virginia 22	Virginia 22313-1450. E	CHRO S U.S.C he USP ourden, s OO NOT	11 Noc 13009 122 and 37 CF 10. Time will va should be sent to SEND FEES OF	In is required to obtain on R 1.14. This collection is ry depending upon the interest of the Chief Information Off R COMPLETED FORMS	or retain a benefit by estimated to take 12 dividual case. Any c icer, U.S. Patent and TO THIS ADDRES	the public which is to file of minutes to complete, inclu- comments on the amount of d Trademark Office, U.S. E SS. SEND TO: Commission	and by the USPTO to process) ding gathering, preparing, and f time you require to complete bepartment of Commerce, P.O. ter for Patents, P.O. Box 1450.				

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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO		R	ATTORNEY DOCKET NO.		CONFIRMATION NO.			
10/541,391	07/01/2005	07/01/2005					P28122	6325			
TITLE OF INVENTION PROCESS FOR PRODU	CTION THEREOF, PR	E-EXP.	AND BEADS, AN	PUBLICATION FEE DUI			TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO		\$1510		1						
EXAM				\$300	\$0 		\$1810	07/26/2010			
RIOJA, ME			ART UNIT	CLASS-SUBCLASS	_						
			1796	521-056000							
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Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
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(A) NAME OF ASS				(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
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Please check the approp	wiate assignee category	or cates	gories (will not be p	printed on the patent):	Individual 🛛	Corporati	on or other private gr	oup entity			
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